## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/544266

| CLAIMS AS FILED - PART I  |  |  |  |                                   |              |                                  |            | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN              |                        |
|---|--|--|--|-----------------------------------|--------------|----------------------------------|------------|---------------------|------------------------|------------|-------------------------|------------------------|
| <u> </u>  |  | •  | (Colum                                     | n 1)                              |              | (Column 2)                       | 7          |                     |                        | 1          |                         | T:                     |
| U.S   | , NATIONAL                                     | STAGE FEES   |  |                                   |              |                                  |            | RATE                | FEE                    |            | RATE                    | FEE                    |
| BAS   | SIC FEE  |  | SMALL ENT.                                 | . <b>= \$</b> 150                 | LAR          | GE ENT. = \$ 300                 |            | BASIC FEE           | 150                    | OR         | BASIC FEE               |                        |
| EX  | MINATION FE                                    | E .  | Satisfies PCT A<br>(4) = \$50              |                                   |              | ther situations = 100 / \$ 200   | Ì          | EXAM. FEE           | 100                    |            | EXAM. FEE               |                        |
| SEARCH FEE  |  |  | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                         |              | ther situations = 3 250 / \$ 500 |            | SEARCH FEE          | 50                     |            | SEARCH FEE              |                        |
| FEE   | FOR EXTRA                                      | SPEC. PGS.   | min  | us 100 =                          |              | / 50 =                           |            | X \$ 125 =          |                        |            | X \$ 250 =              |                        |
| τοτ   | AL CHARGEA                                     | BLE CLAIMS   | 30 min                                     | nus 20 =                          | •            |                                  |            | X \$ 25 =           |                        | OR         | X \$ 50 =               |                        |
| IND   | EPENDENT CL                                    | AIMS   | 3 m  | inus 3 =                          | ١.           |                                  |            | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR  | •  |                                   |              |                                  | + \$ 180 = |                     | OR                     | + \$ 360 = |                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |  |                                   |              |                                  |            | TOTAL               | 300                    | OR         | TOTAL                   |                        |
|   |  |  |  |                                   |              | •                                |            |                     |                        |            | •                       |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |  |  |                                   |              |                                  |            | SMALL ENTITY        |                        | OR         | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   | ·  | CLAIMS REMAINING AFTER AMENDMENT                                   |  | HIGH<br>NUM<br>PREVIC<br>PAID     | BER<br>DUSLY | PRESENT<br>EXTRA                 |            | RAȚE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | 20   | Minus                                      | - 6                               | 20           | .                                |            | X \$ 25 =           | /                      | OR'        | X \$ 50 =.              |                        |
|   | independent                                    | . 3  | Minus                                      | ••• (                             | 3            |                                  |            | X \$ 100 =          | <u> </u>               | OR         | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |              |                                  |            | + \$ 180 =          |                        | OR         | +\$360=                 |                        |
|   |  |  |  |                                   |              |                                  |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |
| Total Language Fee  |  |  |  |                                   |              |                                  |            |                     |                        |            |                         |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |  |                                   |              |                                  |            |                     |                        |            |                         |                        |
| IDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          | •  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus ·                                    | **                                |              | 9                                |            | X \$ 25 =           |                        | OR         | X \$ 50 =               |                        |
| AMENDA  | Independent                                    | •  | Minus                                      | ***                               |              | a                                |            | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |  |  |                                   | MIAJ         |                                  |            | +\$ 180 =           |                        | OR         | + \$ 360 =              |                        |
| · ·   |  |  |  |                                   |              |                                  |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |
|   |  |  |  |                                   |              |                                  |            |                     |                        |            |                         |                        |
|   |  |  |  |                                   |              |                                  |            |                     |                        |            |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". |  |  |  |                                   |              |                                  |            |                     |                        |            |                         |                        |
| -   | if the "Highest Nu                             | mper Previously Pak<br>mber Previously Pak<br>mber Previously Paid | For IN THIS SPA                            | ACE is less                       | than T       | enter "3".                       | in the     | appropriate box     | in column 1.           |            |                         |                        |